

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--------------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A | 25a 0. | 0. | 0. | 0. |
| b Compensation of former officers, directors, key employees, etc listed in Part V-B | 25b 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 25c 0. | 0. | 0. | 0. |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 | | | |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | | | |
| 28 Employee benefits not included on lines 25a - 27 | 28 | | | |
| 29 Payroll taxes | 29 | | | |
| 30 Professional fundraising fees | 30 849,271. | | | 849,271. |
| 31 Accounting fees | 31 4,500. | | 4,500. | |
| 32 Legal fees | 32 10,180. | 5,000. | 5,180. | |
| 33 Supplies | 33 2,853. | 1,797. | 1,056. | |
| 34 Telephone | 34 2,241. | | 2,241. | |
| 35 Postage and shipping | 35 209. | | 209. | |
| 36 Occupancy | 36 6,325. | | 6,325. | |
| 37 Equipment rental and maintenance | 37 | | | |
| 38 Printing and publications | 38 | | | |
| 39 Travel | 39 1,557. | | 1,557. | |
| 40 Conferences, conventions, and meetings | 40 26,324. | 26,324. | | |
| 41 Interest | 41 261. | | 261. | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 4,418. | | 4,418. | |
| 43 Other expenses not covered above (itemize) | | | | |
| a SEE STATEMENT 1 | 43a 67,471. | 55,228. | 12,243. | |
| b _____ | 43b | | | |
| c _____ | 43c | | | |
| d _____ | 43d | | | |
| e _____ | 43e | | | |
| f _____ | 43f | | | |
| g _____ | 43g | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 44 975,610. | 88,349. | 37,990. | 849,271. |

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a PROVIDE ASSISTANCE TO LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

5,758.

b PROVIDE EQUIPMENT ASSISTANCE TO LAW ENFORCEMENT DEPARTMENTS

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

19,091.

c PROVIDE EDUCATION AND TRAINING FOR LAW ENFORCEMENT OFFICERS

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

50,902.

d MISCELLANEOUS OTHER PROGRAM ASSISTANCE

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

12,598.

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

88,349.

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | (B) End of year | |
|---|---|---|--------------------|-------------------|
| ASSETS | 45 Cash — non-interest-bearing | | 45 | |
| | 46 Savings and temporary cash investments | 25,512. | 46 37,043. | |
| | 47 a Accounts receivable | 47 a | | |
| | b Less: allowance for doubtful accounts | 47 b | 47 c | |
| | 48 a Pledges receivable | 48 a | | |
| | b Less: allowance for doubtful accounts | 48 b | 48 c | |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50 a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50 b | |
| | 51 a Other notes and loans receivable (attach schedule) | 51 a | | |
| | b Less: allowance for doubtful accounts | 51 b | 51 c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 a Investments — publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 a | |
| | b Investments — other securities (attach sch) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 b | |
| 55 a Investments — land, buildings, & equipment basis | 55 a | | | |
| b Less: accumulated depreciation (attach schedule) | 55 b | 55 c | | |
| 56 Investments — other (attach schedule) | | 56 | | |
| 57 a Land, buildings, and equipment basis | 57 a 37,836. | | | |
| b Less: accumulated depreciation (attach schedule) STATEMENT 3 | 57 b 25,913. | 14,824. | | |
| 58 Other assets, including program-related investments (describe ► _____) | | 58 | | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | 40,336. | 59 48,966. | | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 3,085. | 60 8,864. | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | | 64 b | |
| | 65 Other liabilities (describe ► _____) | | 65 | |
| | 66 Total liabilities. Add lines 60 through 65 | 3,085. | 66 8,864. | |
| | FUNDS OR OTHER REPORTABLE ASSETS | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | |
| | | 67 Unrestricted | 37,251. | 67 40,102. |
| 68 Temporarily restricted | | | 68 | |
| 69 Permanently restricted | | | 69 | |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | | |
| 70 Capital stock, trust principal, or current funds | | | 70 | |
| 71 Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| 72 Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) | | 37,251. | 73 40,102. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 40,336. | 74 48,966. | |

BAA

Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

| | | | |
|----------|--|-----------|----------|
| a | Total revenue, gains, and other support per audited financial statements | a | 978,461. |
| b | Amounts included on line a but not on Part I, line 12. | | |
| 1 | Net unrealized gains on investments | b1 | |
| 2 | Donated services and use of facilities | b2 | |
| 3 | Recoveries of prior year grants | b3 | |
| 4 | Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | |
| c | Subtract line b from line a | c | 978,461. |
| d | Amounts included on Part I, line 12, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify) _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total revenue (Part I, line 12) Add lines c and d | e | 978,461. |

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | |
|----------|---|-----------|----------|
| a | Total expenses and losses per audited financial statements | a | 975,610. |
| b | Amounts included on line a but not on Part I, line 17 | | |
| 1 | Donated services and use of facilities | b1 | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | |
| 3 | Losses reported on Part I, line 20 | b3 | |
| 4 | Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | |
| c | Subtract line b from line a | c | 975,610. |
| d | Amounts included on Part I, line 17, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify): _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total expenses (Part I, line 17) Add lines c and d | e | 975,610. |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Expense account and other allowances |
|---|--|---|---|--|
| DAVID RAYBURN 89 ROCKLAND AVENUE YONKERS, NY 10705 | TREASURER 1.00 | 0. | 0. | 0. |
| BROOKE WEBSTER 89 ROCKLAND AVENUE YONKERS, NY 10705 | PRESIDENT 10.00 | 0. | 0. | 0. |
| MARK STERN 89 ROCKLAND AVENUE YONKERS, NY 10705 | SECRETARY 1.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|-----|---|
| 75b | X |
|-----|---|

| | |
|-----|---|
| 75b | X |
|-----|---|

| | | |
|-----|--|---|
| 75c | | X |
|-----|--|---|

| | | |
|-----|--|---|
| 75d | | X |
|-----|--|---|

| | | |
|-----|--|---|
| 75d | | X |
|-----|--|---|

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| Part VI Other Information (See the instructions.) | | Yes | No |
|---|---|------------|-----|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. | 77 | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 78b | N/A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | 79 | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If 'Yes,' enter the name of the organization N/A ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81a | Enter direct and indirect political expenditures (See line 81 instructions) | 81a | 0. |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |

Form 990 (2007)

Part VI Other Information (continued)

| | Yes | No |
|--|-----|-----|
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| 82 b N/A | | |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A |
| 85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | | X |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | X |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c Dues, assessments, and similar amounts from members | | |
| 85 c 0. | | |
| d Section 162(e) lobbying and political expenditures | | |
| 85 d 0. | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| 85 e 0. | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| 85 f 0. | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| 85 g | | |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 85 h | | |
| 86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | | |
| 86 a N/A | | |
| b Gross receipts, included on line 12, for public use of club facilities | | |
| 86 b N/A | | |
| 87 501(c)(12) organizations Enter a Gross income from members or shareholders | | |
| 87 a N/A | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 87 b N/A | | |
| 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI | | X |
| 88 b | | |
| 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> ; section 4955 <u>N/A</u> | | |
| b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | N/A |
| 89 b | | |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | N/A |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization | | N/A |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89 e | | |
| f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89 f | | |
| g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 89 g | | |
| 90 a List the states with which a copy of this return is filed <u>DE</u> | | |
| b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) | | 0 |
| 90 b | | |
| 91 a The books are in care of <u>BROOKE WEBSTER</u> Telephone number <u>914-376-4097</u> Located at <u>89 ROCKLAND AVENUE, YONKERS, NY</u> ZIP + 4 <u>10705</u> | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____ | | X |
| 91 b | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |

BAA

Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 3,985. |
| 95 Interest on savings & temporary cash invmnts | | | 14 | 452. | |
| 96 Dividends & interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b MISCELLANEOUS | | | 1 | 31. | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 483. | 3,985. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 4,468. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| 94 | TO ALLOW AND ENCOURAGE THE INTERACTION OF LAW ENFORCEMENT OFFICIALS THROUGHOUT THE COUNTRY. |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

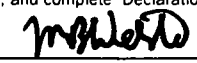
| | | | |
|------------|--|-----|----|
| 106 | Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity | Yes | No |
| | | | X |


| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|--------|--|--|-----------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

| | | | |
|------------|---|-----|----|
| 107 | Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity | Yes | No |
| | | | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|--------|--|--|-----------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

| | | | |
|------------|--|-----|----|
| 108 | Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | Yes | No |
| | | | X |

| | | |
|-------------------------|---|--|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | |
| | Signature of officer  Date <u>11-7-08</u> | Type or print name and title <u>BROOKE WEBSTER PRESIDENT</u> |

| | | | | |
|---------------------------------|---|---------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature  | Date <u>11-1-08</u> | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) <u>P00199094</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <u>PATTON & LETTICH, CPA'S</u> <u>2500 WEST END AVE. STE. #10</u> <u>POTTSVILLE, PA 17901</u> | | EIN <u>23-2541014</u> | Phone no <u>(570) 622-8761</u> |

BAA

Form 990 (2007)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007Attachment
Sequence No **67**

Name(s) shown on return

RESERVE POLICE OFFICERS ASSOCIATION

Identifying number

51-0371265

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | \$125,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | \$500,000. |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions. | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2006 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

| | | | |
|----|--|----|--------|
| 14 | Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 4,418. |

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

| | | | |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2007 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|---|----|--------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions | 22 | 4,418. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD120812L 10/05/07

Form 4562 (2007)

2007

FEDERAL STATEMENTS

PAGE 1

CLIENT 1859

RESERVE POLICE OFFICERS ASSOCIATION

51-0371265

11/01/08

10 55AM

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|---------------------|-------------------|----------------------------|--------------------------------|--------------------|
| AUTO-FUEL | 3,902. | | 3,902. | |
| BANK CHARGES | 570. | | 570. | |
| CORPORATE FEES | 5,768. | | 5,768. | |
| DEFIBRILLATOR LEASE | 6,779. | 6,779. | | |
| DONATIONS | 5,758. | 5,758. | | |
| EQUIPMENT | 12,312. | 12,312. | | |
| INSURANCE | 3,195. | 3,195. | | |
| INTERNET & WEB SITE | 2,606. | 2,606. | | |
| MISCELLANEOUS | 222. | | 222. | |
| SUBCONTRACTING | 1,781. | | 1,781. | |
| VIDEO | 24,578. | 24,578. | | |
| TOTAL | \$ 67,471. | \$ 55,228. | \$ 12,243. | \$ 0. |

STATEMENT 2
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE ASSISTANCE TO LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|--|-------------------|-------------------|-------------------|
| AUTOMOBILES / TRANSPORTATION EQUIPMENT | \$ 9,341. | \$ 4,670. | \$ 4,671. |
| MACHINERY AND EQUIPMENT | 8,495. | 6,243. | 2,252. |
| MISCELLANEOUS | 20,000. | 15,000. | 5,000. |
| TOTAL | \$ 37,836. | \$ 25,913. | \$ 11,923. |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|---|---|--------------------------------|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization | Employer identification number |
| | RESERVE POLICE OFFICERS ASSOCIATION | 51-0371265 |
| | Number, street, and room or suite number. If a P.O. box, see instructions | |
| | 89 ROCKLAND AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | YONKERS, NY 10705 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► BROOKE WEBSTER

Telephone No. ► 914-376-4097

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ☒ calendar year 2007 or
► ☐ tax year beginning _____, 20____, and ending _____, 20____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |


Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2007)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

| | | | |
|--|---|--|--------------------------------|
| Type or print File by the extended due date for filing the return. See instructions | Name of Exempt Organization |  | Employer identification number |
| | RESERVE POLICE OFFICERS ASSOCIATION | | 51-0371265 |
| | Number, street, and room or suite number. If a P.O. box, see instructions | | For IRS use only |
| | 89 ROCKLAND AVENUE | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | |
| | YONKERS, NY 10705 | | |

Check type of return to be filed (File a separate application for each return)

| | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **BROOKE WEBSTER**
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2008.
- 5 For calendar year 2007, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension DUE TO HIS BUSY SCHEDULE, THE EXECUTIVE DIRECTOR NEEDS ADDITIONAL TIME TO ASSEMBLE THE RECORDS AND MEET WITH THE ACCOUNTANT TO FILE A COMPLETE AND ACCURATE RETURN.

| | |
|---|-------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Norman R. Lettich Title CPA Date 8-14-08

Notice to Applicant. (To be Completed by the IRS)

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| | |
|---------------|---|
| Type or print | Name |
| | PATTON & LETTICH, CPA'S |
| | Number and street (include suite, room, or apartment number) or a P.O. box number |
| | 2500 WEST END AVE. STE. #10 |
| | City or town, province or state, and country (including postal or ZIP code) |
| | POTTSVILLE, PA 17901 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|---|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization | Employer identification number |
| | RESERVE POLICE OFFICERS ASSOCIATION | 51-0371265 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | 105 FULLERTON AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | YONKERS, NY 10704 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► BROOKE WEBSTER

Telephone No. ► _____

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ☒ calendar year 20 07 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2007)

**RESERVE POLICE OFFICERS ASSOCIATION
FINANCIAL STATEMENTS
AND
AUDITOR'S REPORT
DECEMBER 31, 2007**

TABLE OF CONTENTS

| | <u>PAGE</u> |
|-----------------------------------|-------------|
| Independent Auditor's Report | 1 |
| Statement of Financial Position | 2 |
| Statement of Activities | 3 |
| Statement of Cash Flows | 4 |
| Notes to the Financial Statements | 5-7 |

PATTON AND LETTICH
CERTIFIED PUBLIC ACCOUNTANTS
2500 WEST END AVENUE, SUITE 10
POTTSVILLE, PA 17901
570-622-8761

ROBERT B. PATTON, CPA
NORMAN R. LETTICH, CPA

ALBERT D. MARAZAS, CPA
BETH A. PAULEY, CPA
KELLY E. ZWIEBEL, CPA

MEMBERS
AMERICAN INSTITUTE OF CPAs

PENNSYLVANIA INSTITUTE OF CPAs

INDEPENDENT AUDITOR'S REPORT

October 30, 2008

Board of Directors
Reserve Police Officers Association
89 Rockland Avenue
Yonkers, NY 10705

We have audited the accompanying statement of financial position of the Reserve Police Officers Association (a nonprofit organization) as of December 31, 2007, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Reserve Police Officers Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Reserve Police Officers Association as of December 31, 2007, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.



Patton and Lettich
Certified Public Accountants

**RESERVE POLICE OFFICERS ASSOCIATION
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2007**

ASSETS

| | |
|-----------------------------------|---------------|
| Cash and Cash Equivalents | \$ 37,043 |
| Fixed Assets, Net of Depreciation | <u>11,923</u> |

| | |
|--------------|------------------|
| TOTAL ASSETS | <u>\$ 48,966</u> |
|--------------|------------------|

LIABILITIES AND NET ASSETS

LIABILITIES

| | |
|------------------|----------|
| Accounts Payable | \$ 8,864 |
|------------------|----------|

NET ASSETS

| | |
|--------------|---------------|
| Unrestricted | <u>40,102</u> |
|--------------|---------------|

| | |
|----------------------------------|------------------|
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 48,966</u> |
|----------------------------------|------------------|

**THE NOTES TO THE FINANCIAL STATEMENTS ARE AN INTEGRAL
PART OF THESE STATEMENTS**

**RESERVE POLICE OFFICERS ASSOCIATION
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2007**

UNRESTRICTED NET ASSETS

SUPPORT, REVENUE, AND GAINS

| | |
|-------------------|------------|
| Contributions | \$ 973,993 |
| Membership Dues | 3,985 |
| Investment Income | 452 |
| Other Income | <u>31</u> |

| | |
|-----------------------------------|---------|
| TOTAL SUPPORT, REVENUE, AND GAINS | 978,461 |
|-----------------------------------|---------|

EXPENSES

| | |
|------------------------------|--------------|
| Fundraising Fees | 849,271 |
| Auto Expense | 3,902 |
| Rent | 6,325 |
| Professional Fees | 9,680 |
| Telephone | 2,241 |
| Office Expense | 1,835 |
| Program Expenses | 82,548 |
| Corporate Fees | 5,768 |
| Travel and Entertainment | 1,557 |
| Internet and Web Site | 2,606 |
| Members Disability Insurance | 3,195 |
| Miscellaneous | 483 |
| Subcontracting | 1,781 |
| Depreciation | <u>4,418</u> |

| | |
|----------------|----------------|
| TOTAL EXPENSES | <u>975,610</u> |
|----------------|----------------|

| | |
|---------------------------------|--------------|
| INCREASE IN UNRESTRICTED ASSETS | <u>2,851</u> |
|---------------------------------|--------------|

| | |
|--------------------------------------|-------|
| <u>INCREASE IN NET ASSETS</u> | 2,851 |
|--------------------------------------|-------|

| | |
|--|---------------|
| <u>NET ASSETS - JANUARY 1, 2007</u> | <u>37,251</u> |
|--|---------------|

| | |
|--|-------------------------|
| <u>NET ASSETS - DECEMBER 31, 2007</u> | <u><u>\$ 40,102</u></u> |
|--|-------------------------|

**THE NOTES TO THE FINANCIAL STATEMENTS ARE AN INTEGRAL
PART OF THESE STATEMENTS**

**RESERVE POLICE OFFICERS ASSOCIATION
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2007**

CASH FLOWS FROM OPERATING ACTIVITIES

| | |
|---|--------------|
| Increase in Net Assets | \$ 2,851 |
| Adjustments for Differences Between Income Flows and Cash Flows from Operating Activities: | |
| Depreciation | 4,418 |
| Increase in Accounts Payable | <u>5,779</u> |

| | |
|---|--------|
| NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES | 13,048 |
|---|--------|

CASH FLOWS FROM INVESTING ACTIVITIES

| | |
|--------------------------|----------------|
| Purchase of Fixed Assets | <u>(1,517)</u> |
|--------------------------|----------------|

| | |
|------------------------------------|--------|
| <u>NET INCREASE IN CASH</u> | 11,531 |
|------------------------------------|--------|

| | |
|--------------------------------------|---------------|
| <u>CASH - JANUARY 1, 2007</u> | <u>25,512</u> |
|--------------------------------------|---------------|

| | |
|--|-------------------------|
| <u>CASH - DECEMBER 31, 2007</u> | <u><u>\$ 37,043</u></u> |
|--|-------------------------|

**THE NOTES TO THE FINANCIAL STATEMENTS ARE AN INTEGRAL
PART OF THESE STATEMENTS**

RESERVE POLICE OFFICERS ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2007

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ORGANIZATION

Reserve Peace Officers of America, Inc. (the Organization) was incorporated on January 12, 1996. It is a nonprofit organization that promotes public awareness of auxiliary and reserve law enforcement officers and provides assistance to law enforcement officers and their families. The Organization changed its name to Reserve Police Officers Association in 1998.

BASIS OF ACCOUNTING

The books of the Organization are maintained on the accrual basis of accounting. Using this method, revenues are recognized when earned and expenses are recognized when incurred.

DEPRECIATION

All assets are valued at cost and are being depreciated over their estimated useful lives using primarily the straight-line method.

RECOGNITION OF DONOR RESTRICTIONS

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

FINANCIAL STATEMENT PRESENTATION

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows. At present, the Organization has no temporarily or permanently restricted net assets.

**RESERVE POLICE OFFICERS ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2007**

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

REVENUE RECOGNITION

Substantially all revenue earned by the Organization through December 31, 2007 has been from contributions from the general public. The Organization has contracts with Community Support, Linos, Nationwide Fundraisers, and Marketing Squad (the fundraisers) that allows the fundraisers to solicit contributions (sponsorships) on the Organization's behalf and in return requires the fundraisers to communicate public service messages and to publish a professional periodical for the Organization. These agreements entitle the Organization to receive 10-15% of contributions as revenue solicited by the fundraisers on the Organization's behalf. The Organization records contributions as revenue at the gross amount received by the fundraisers and records the related fundraising expenses at 85-90% of the gross revenue received by the fundraisers.

CONTRIBUTIONS

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

INCOME TAXES

The Organization is nonprofit and exempt from income taxes under Section 501(c)(6) of the Internal Revenue Code. Therefore, no provision is made for income taxes in the financial statements.

CASH AND CASH EQUIVALENTS

For the purpose of these financial statements (including the statement of cash flows), cash and cash equivalents are defined as unrestricted demand and savings deposits in banks.

ECONOMIC DEPENDENCY

The Organization receives a substantial amount of its support from contributions. A significant reduction in the level of this support may have an effect on the Organization's activities.

USE OF ESTIMATES

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**RESERVE POLICE OFFICERS ASSOCIATION
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2007**

NOTE 2 – FIXED ASSETS

Fixed Assets at December 31, 2007, consists of the following:

| | |
|--------------------------|------------------|
| Magazine | \$ 20,000 |
| Equipment | 17,836 |
| Accumulated Depreciation | <u>(25,913)</u> |
| | <u>\$ 11,923</u> |

NOTE 3 – RENT

The Organization leases its office in Yonkers, New York. The rent is \$575 per month.